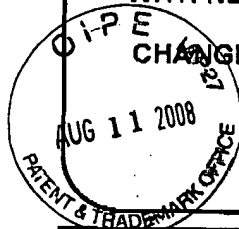


REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS

Application Number	10/630,117
Filing Date	July 30, 2003
First Named Inventor	Flavio Cavaleiro
Title	TWIST MOP
Art Unit	1744
Examiner Name	MARK SPISICH
Attorney Docket Number	214855-000277



I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24229

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

24229

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

7-24-08

Name

Bruce Kamelstein

Telephone

(845) 348-0012

Title and Company

President, Casabella Holdings, LLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.